

Indiana Medical Informatics Commission
First Report
January 2006

Introduction

The Indiana state legislature created in July of 2005 the Medical Informatics Commission to accelerate the development and adoption of electronic data sharing initiatives in healthcare. This bill requires the Commission to conduct a study, or contract for one to be completed, on healthcare informatics and communication technology. Also, the Commission was asked to provide two progress reports and a final report in December of 2006 to update the public on its activities.

Update on Activities

The fourteen members of the Commission were selected in accordance with the requirements of the legislation, include representation from government, insurance, physician, hospital, legal, health informatics, business, and consumer advocate communities, and broadly represent Indiana geographically. The first meeting was held on November 4, 2005. The commission members discussed the state of medical informatics in their respective communities and their experience with health information technology and data sharing. Additionally, the Commission chair, Mitch Roob, provided a national update from his experience serving on the American Health Information Community in Washington, D.C. Dr. J. Marc Overhage was asked to describe what an electronic medical record looks like and discussed the importance of a longitudinal record, clinical decision support tools, and clinical documentation capabilities. Sue Uhl, deputy commissioner with the state department of health, provided an update on the adverse events reporting rule relating to the Governor's executive order, and then focused on the opportunities for public health in health information technology efforts. It was emphasized that as more data is shared among interested parties, it would be beneficial for there to be data warehouses able to be accessed by public health authorities for multiple reasons. Jeanne Labrecque, the Medicaid director, discussed the proposed plans for how to accelerate data sharing efforts among providers serving the Medicaid population. She also addressed the Medicaid Information Technology Architecture (MITA), a national Center for Medicare & Medicaid Services (CMS) effort to gradually improve the ability to share necessary information. The group also discussed some of the important challenges and opportunities for developing health information technologies and data sharing capabilities.

Issues Identified

- Interest among employers (and other payers) to have quality and cost data demonstrate what they are paying for: value-based purchasing
- Importance of communicating data to the physician providers: opportunity of data mining to understand practice
- Need to restrain the administrative burdens of additional reporting requirements for providers: standardization of quality measures for example

- High costs associated with both the capital investment and maintenance of data systems
- The need for financial incentives to be properly aligned such that providers are rewarded for efficiency and improved quality
- Difficulty for single providers and small hospitals to afford these systems
- Need for normalization of data as a first step
- Identified as challenge the willingness of competing providers to share data with each other
- Within the health information technology realm includes telemedicine, e-prescribing, electronic medical records, and other solutions
- The need for making this information “actionable”
- Difficulty for a payer to get a “critical mass” of patients within a providers census
- Importance of focusing on privacy and confidentiality of data sharing

Commission Actions

- Senator Gary Dillon was elected vice chair and secretary of the Commission
- The Commission selected the Regenstrief Institute to conduct the feasibility study

Additional actions

A representative from FSSA, working on behalf of the Commission, met with Dr. Clem MacDonald at the Regenstrief Institute’s Medical Informatics Division on November 23, 2005. At this meeting the expectations and goals for the study were discussed. These include first, the need for Regenstrief to communicate with all fourteen Commission members during their work. Second, Regenstrief has been asked to develop interoperable standards recommendations for coding, messaging, IT architecture, and “computer science” standards including privacy and security concerns. Third, the Commission has asked them to make recommendations on reimbursement models to accelerate the adoption of health information technologies and data sharing efforts. A fourth request was to identify recommended options for providers regarding the adoption of electronic medical record systems such as licensing, purchasing off-the-shelf systems, or alternatives. A last requirement was to assist in the statewide assessment of each market’s current levels of data sharing and what needs to be done to improve upon these.

Next Steps

A representative from FSSA, working on behalf of the Commission will work in concert with Regenstrief to coordinate meetings with the Commission members. This representative will additionally coordinate a timeline to ensure the expectations as described are met. Regenstrief is currently forecasting a budget for this project, to be reviewed by FSSA when received. Regenstrief is expected to have a progress report or update available for the next Commission meeting, which is scheduled for February 2, 2006 at 8:00am.